

# CERTIFICATE OF COMPLIANCE

## DEPARTMENT OF CODE ENFORCEMENT COUNTY OF WARREN

This certificate issued pursuant to the requirements of the North Carolina State Building Code certifying that at the time of issuance this structure was in compliance with the various ordinances of the City or County regulating Building construction or use.

### For the following:

Use classification Residential Permit No. 08-022  
Group 1 Type Construction 2A Fire Dist. \_\_\_\_\_  
Owner of Building Max Munichman  
Address 191 Mallard Lane Mary, N.C. 27557  
Building Address \_\_\_\_\_  
Township \_\_\_\_\_ Date 4-23-08  
Inspector John Miller

PERMIT IS SUBJECT TO REVOCATION IF SITE PLANS OR INTENDED USE CHANGE

## WARREN COUNTY HEALTH DEPARTMENT

### ENVIRONMENTAL HEALTH DIVISION

544 WEST RIDGEWAY STREET

WARRENTON, NC 27589

PHONE (252) 257-1538

FAX (252) 257-4460

Permit No. 6382

Fee 150.00

Paid 11/26/07

Tax Parcel ID#

- ☒ Provisionally Suitable  
☐ Pump system  
☐ Repair of existing system  
☐ Upgrade

Name of original owner \_\_\_\_\_  
 Year \_\_\_\_\_

### IMPROVEMENT PERMIT

Owner Max Munichman Phone #: 919-562-3423  
 Address 15 Little River Ct. Youngsville NC  
 Subdivision Name MATTHEWS MANORWOOD Lot # 19 Block # \_\_\_\_\_ Section # \_\_\_\_\_  
 Directions to lot (RPR#) Lot at END OF Mallard Ln.  
on left!

Application Date 11/26/07

### IMPROVEMENT PERMIT APPROVAL

Date 11/28/07 Andy Smith, RS  
MARSHALL BROTHERS, RS Environmental Health Specialist

Improvement permit with scale drawing on plat is valid without expiration

Improvement permit with site plan is valid for 60 months

### CONSTRUCTION AUTHORIZATION

Original Deed Date \_\_\_\_\_ Land Use Residence # of bedrooms 3 # of people MAX 6  
 Water Supply Private Well Distance from well and/or water lines Min. 50' 10'  
 Well installed at time of inspection ( ) Yes ( ☒ ) No Dist. from septic system \_\_\_\_\_  
 Design daily flow of sewage 360 gals. Kitchen garbage grinder NO Other \_\_\_\_\_  
 Septic tank capacity 1000 gals. Nitrification field 1200 Sq. Ft.  
 Maximum trench depth 30 inches Type system Conv.  
 Type repair "Not Required"

### CONSTRUCTION AUTHORIZATION APPROVAL

Date 11/28/07 Andy Smith, RS  
MARSHALL BROTHERS, RS Environmental Health Specialist

\*CONSTRUCTION AUTHORIZATION IS VALID FOR 5 YEARS FROM DATE OF ISSUE

COMMENTS: (1) RUN TRENCHES 3' WIDE AND AT LEAST 9" ON CENTERS  
 (2) RUN LINES CONTOUR TO SLOPE (3) RUN LINES OF EQUAL LENGTH  
 (4) EFFLUENT FILTER REQUIRED (5) TANK MARKERS/RISERS NECESSARY  
 (6) IF TANK LOCATION IS SPECIFIED ON SITE PLAN SEPTIC PERMIT.  
 HOUSE, MH OR STRUCTURE TO BE PLUMBED ACCORDINGLY. (7) INSTALL INITIAL SYSTEM IN DESIGNATED AREA

\*\* Contractor Will Encounter  
Rock In SYSTEM AREA !!  
\* Lines to start slightly  
shallower and extend into the  
HILL slightly!

THE SEPTIC TANK SYSTEM AND OTHER IMPROVEMENTS THAT ARE MADE SHALL BE INSTALLED AS SHOWN IN THE SITE SKETCH PLAN. NO CHANGES SHALL BE MADE WITHOUT APPROVAL FROM THE HEALTH DEPARTMENT.

ANY VARIATIONS FROM THE CONDITIONS AND REQUIREMENTS PREVIOUSLY DESCRIBED WILL VOID THE PERMIT. THIS IS AN OFFICIAL DOCUMENT. PLEASE RETAIN WITH

OTHER VALUABLE PAPERS.

\*DO NOT LANDSCAPE LOT BEFORE HEALTH DEPARTMENT APPROVAL. DO NOT LOCATE DRIVEWAYS, PARKING AREAS, OR OTHER BUILDINGS OVER SEPTIC TANK SYSTEM. LANDSCAPE AREA OVER SEPTIC TANK SYSTEM TO PREVENT PONDING OF WATER. SEED WITH GRASS TO HELP PREVENT SOIL EROSION AND TO IMPROVE EVAPOTRANSPIRATION.

### OPERATION PERMIT

NOTE: THE SEPTIC TANK, AND NITRIFICATION FIELD MUST BE INSPECTED BY A REPRESENTATIVE OF THE HEALTH DEPARTMENT BEFORE THEY ARE COVERED.

THE SIGNING OF THIS CERTIFICATE SHALL INDICATE THAT THIS SYSTEM HAS BEEN INSTALLED IN COMPLIANCE WITH THE CURRENT LAW & RULES FOR SANITARY SEWAGE COLLECTION, TREATMENT AND DISPOSAL SET FORTH IN ARTICLE 11 OF GENERAL STATUTE 130A. SECTION. 1900 OF THE NORTH CAROLINA ADMINISTRATIVE CODE TITLE 10, HEALTH SERVICES. ENVIRONMENTAL HEALTH SUBCHAPTER 10A SANITATION AND SHALL IN NO WAY BE A GUARANTEE THAT THE SEPTIC TANK SYSTEM WILL FUNCTION SATISFACTORILY FOR ANY GIVEN PERIOD OF TIME.

WHITE - OWNER'S COPY - YELLOW - HEALTH DEPT. COPY - PINK - INSPECTION DEPT. COPY

### OPERATION PERMIT APPROVAL

DATE \_\_\_\_\_  
 ENVIRONMENTAL HEALTH  
 SPECIALIST

CONTRACTOR: \_\_\_\_\_

## WARREN COUNTY HEALTH DEPARTMENT

544 W. RIDGEWAY STREET

Warrenton, NC 27589

**Phone: (252) 257-1538**

**Fax: (252) 257-4460**

PERMIT # 0320

FEE 100.00

DATE 11/26/07

Parcel ID#

# WELL PERMIT

NAME: MAX Munichman PHONE: 919-562-3423  
ADDRESS: 45 Little River Ct. CITY Youngsville STATE: NC ZIP 27596  
SUDIVISION: MATHEWS MANORWOOD LOT# 19 SECT:   
LOCATION: Lot on left at end of Mallard Ln.

WELL TYPE: \_\_\_\_\_  
 WELL CONTRACTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

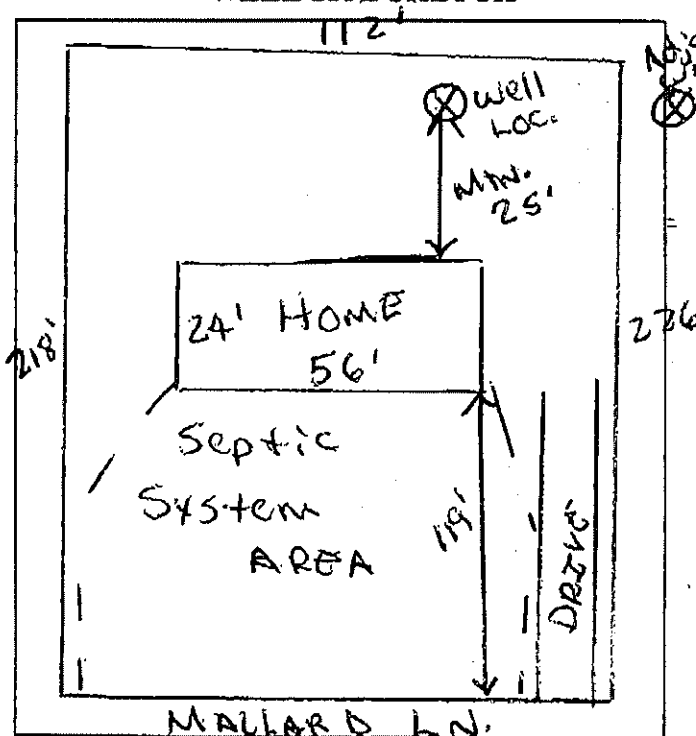
**MINIMUM CONSTRUCTION STANDARDS ARE AS FOLLOWS:**

1. Sanitary well seal shall be installed.
2. Air vent shall be screened and elbowed down.
3. Wells shall have tight fitting covers preferably sealed with mastic and locked.
4. Well casing shall be extended above the ground level at least 12 inches.

WELL SHALL BE LOCATED AT LEAST 100 FEET FROM ANY SOURCE OF CONTAMINATION AND IN NO CASE LESS THAN 50 FEET DUE TO SPACE LIMITATION.

1. Total Depth of Well \_\_\_\_\_
2. Casing Depth \_\_\_\_\_ ft. Inside Diameter \_\_\_\_\_ in.
3. Grouting Depth \_\_\_\_\_
4. Screened Intervals of Screened Wells \_\_\_\_\_
5. Gravel Interval of Gravel Packed Wells \_\_\_\_\_
6. Yield in Gallons Per Minute \_\_\_\_\_ or Specific Capacity  
in Gallons per Minute per Foot of Drawdown \_\_\_\_\_
7. Static Water Level \_\_\_\_\_
8. Date Measured \_\_\_\_\_
9. Drilling Contractor \_\_\_\_\_
10. Registration Number \_\_\_\_\_
11. Date Completed \_\_\_\_\_
12. Well Contractor's Signature \_\_\_\_\_
13. Well Contractor's Phone # \_\_\_\_\_

### WELL SITE SKETCH



ISSUE BY: Andy Smith, RS DATE: 11/28/07  
WELL GROUT: \_\_\_\_\_ DATE: \_\_\_\_\_  
FINAL WELL HEAD \_\_\_\_\_ DATE: \_\_\_\_\_  
WATER SAMPLE \_\_\_\_\_ DATE: \_\_\_\_\_

ALL ACTIONS TAKE PURSUANT TO THIS PERMIT SHALL BE THE SOLE RESPONSIBILITY OF THE OWNER, AND ANY ACTIONS OF REPRESENTATIVES OF THIS STATE AND THIS HEALTH DEPARTMENT ENGAGED IN THE EVALUATION AND DETERMINATION OF MEASURE REQUIRED TO EFFECT COMPLIANCE WITH THE PROVISIONS OF SAID REGULATIONS SHALL IN NO WAY BE TAKEN AS A CONTRACT TO SUPPLY, OR AS A GUARANTEE THAT THE WATER SUPPLY SYSTEMS APPROVED AND PERMITTED WILL FUNCTION IN A SATISFACTORY MANNER FOR ANY GIVEN PERIOD OF TIME, OR SUCH EMPLOYEES ASSUME ANY LIABILITY FOR DAMAGES. CONSEQUENTIAL, OR DIRECT, WHICH ARE CAUSED, OR WHICH MAY BE CAUSED, BY NEGLIGENCE, ABUSE OR MALFUNCTION OF SUCH SYSTEMS.

**White – Owner's Copy    Yellow – Health Dept. Copy    Pink – Well Driller's Copy**

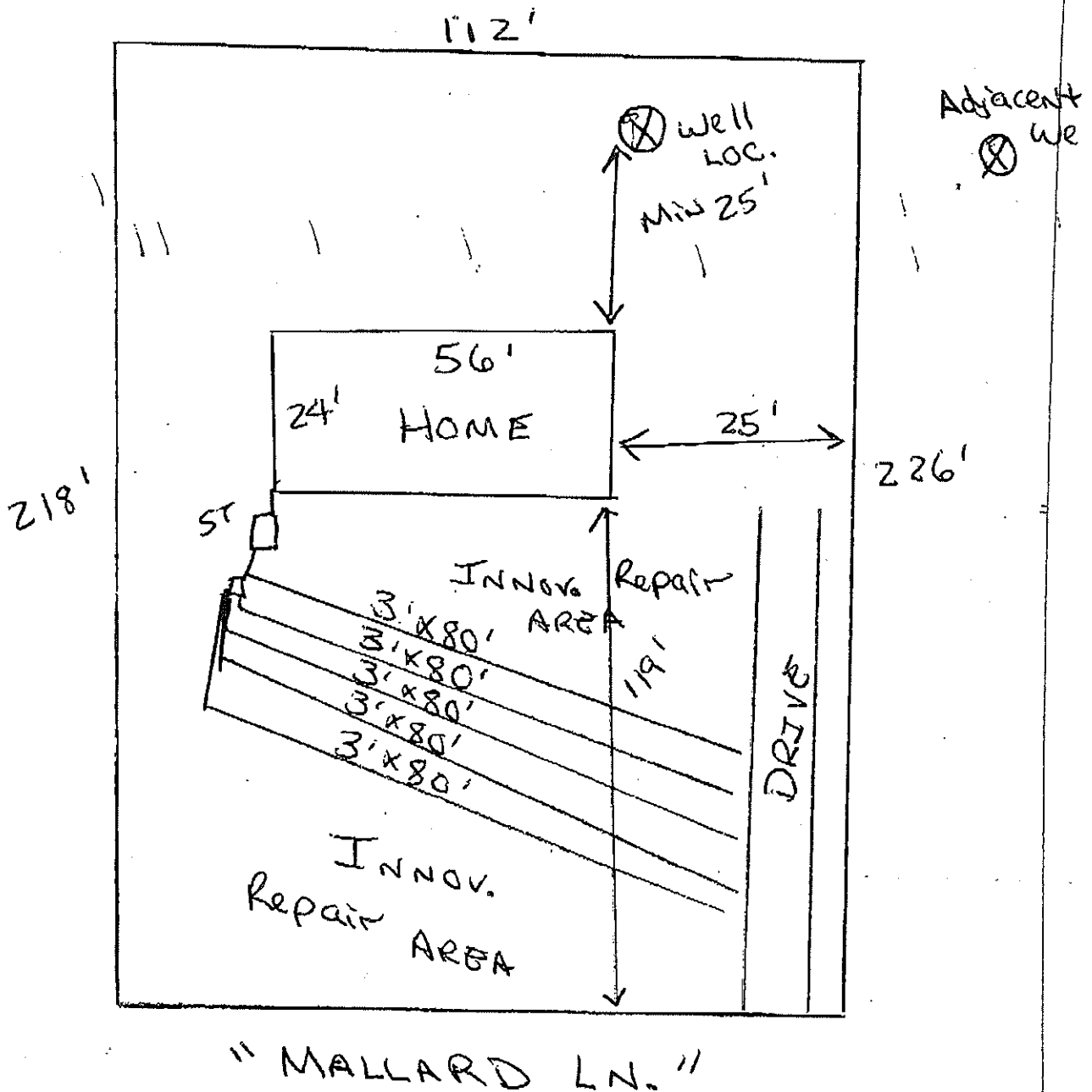
# SITE PLAN/SYSTEM DESIGN

Applicant MAX Munichman Subdivision/Lot# MATHENS Manorwood/Lot 19

Authorized State Agent Andy Smith, RS Date 11/28/07

MARSHALL Brothers, RS

System components represent approximate contours only. The contractor must flag the system prior to beginning the installation to insure that proper grade is maintained.



## CONDITIONS OF THE PERMIT

Linear feet of conventional trench 400' Linear feet of 25% reduction trench \_\_\_\_\_ # of panels/bundles \_\_\_\_\_  
 Maximum trench depth 30" SETBACKS: House foundation-5 ft; Basement-15ft; well- MIN 10'  
 Property line MIN 5'; Stream/Lake-50ft; Gully-15ft; water pipe-10ft; Other \_\_\_\_\_  
 Trenches on 9-ft centers, 3-ft wide, on contour, and installed in area shown.